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A Qualitative Investigation of Obese Men’s Experiences With Their Weight

Sophie Lewis, BiomedSc; Samantha L. Thomas, PhD; Jim Hyde, PhD; David J. Castle, MD, FRANZCP; Paul A. Komesaroff, PhD, MBBS, FRACP

Objectives: To investigate obese men’s health behaviors and strategies for change. Methods: Qualitative interviews with 36 men (BMI 30 and over). Results: All men felt personally responsible for their weight gain. Sedentary lifestyles, stress, lack of work-life balance and weight-based stigma were all significant causes of weight gain and barriers to weight loss. These factors also contributed to men’s unwillingness to seek help for their overweight. Conclusion: Addressing the self-blame and stigma associated with obesity is important in developing strategies to improve the health and well-being of obese men.

Key words: obesity, men’s health, health beliefs, health behaviors, qualitative research

Obesity is a leading public health concern in Western societies. It is a risk factor for many chronic diseases, including type 2 diabetes, coronary heart disease, stroke, hypertension, kidney disease, and some forms of cancer (eg, colon and kidney). In Australia, rates of overweight and obesity are considerably higher in men (68%) than women (55%), similar to patterns in other countries. International research indicates that rates of obesity are increasing much faster in men than in women. However, there is almost a complete information vacuum about why this may be occurring and how to remedy it.

Qualitative research suggests that individuals’ attitudes and beliefs about weight are complex and vary markedly between subgroups of adults. However, we know much more about the experiences of some subgroups than of others. For example, although many research studies have examined experiences of obese women, there is much less understanding of the experiences of obese men. This includes their health beliefs and behaviors, their lived experiences with being “fat,” and their attitudes and opinions about interventions to help them improve their health and well-being. A small number of quantitative studies have sought to understand how men conceptualise their obesity. These studies show that compared to women, men are less concerned about the impact of obesity on their health and well-being, and make less effort to engage in weight-loss activities. This has raised a number of questions about how to
tailor healthy lifestyle interventions, messages, and activities to suit men’s distinct attitudes, perceptions, and needs. These detailed consumer understandings are essential in developing appropriate interventions that resonate with the experiences and needs of population subgroups.21

The aim of this paper is to specifically investigate obese men’s beliefs about the causes of their obesity, their attitudes and approaches to losing weight, and what influences these beliefs and behaviors.

METHODS

Overview
The methods and data presented in this paper were part of a broader study “Obesity: Have Your Say!” (see 22-24). This broader study aimed to explore the lived experiences of obese Australian men and women (ie, those with a BMI over 30 kg/m2). One of the aims of the study was to explore distinct issues associated with some subgroups of individuals. Thus, the interview schedule included a broad generic set of questions relevant to all participants and then specific sets of questions for different socio-demographic groups (eg, gender, geographic location, age). These questions allowed us to investigate in detail distinct issues relevant to certain subgroups (eg, men, individuals with severe obesity, and those from lower socioeconomic groups) that had emerged from the study pilot9 and from a broad literature review. Ethics approval was gained from the Monash University Research Ethics Committee.

Sampling and Recruitment
To recruit men for this study we used a number of strategic recruitment strategies.25

Convenience recruitment. An initial convenience sample was attracted through a study Web site and a database of obese men willing to participate in research.

Media advertising. The study appeared in the Herald Sun (the highest-circulating daily newspaper in Australia), local community newspapers, and health magazines. We also appeared regularly on national television and radio talking about the study. This was a particularly important strategy in engaging men from rural and remote areas of Australia and from lower socioeconomic groups.

Community recruitment. This included talking about the study to men at local sporting and recreational facilities and shopping centers; distributing flyers and posters in specialist clothing stores for “big and tall” men, at medical clinics, and on Internet message boards and forums; and direct recruitment through professionals (eg, clinicians, dieticians, and personal trainers).

Workplace mailing lists. This was used to attract professional men, and those from higher socioeconomic groups.

Snowball recruitment. Finally we asked men who participated in the study to recommend the study to their male friends, family members, or colleagues.

A standard recruitment slogan was used:

Obesity. Have your say! Have you been told you are fat? Have you been told to lose weight? Do you feel that your voice is not heard? We need to hear your opinion!

The flyers called for men and women to talk about their experiences of obesity and what they thought about societal attitudes and public health approaches towards obesity.

Data Collection
Piloting and consumer consultation influenced the way in which we collected the study data. Men said they would be less likely to volunteer for the study if they had to meet face-to-face to participate in an interview. Reasons included lack of time, embarrassment, and lack of motivation to attend an interview. Because of this, and the occupational health and safety issues associated with our young female researchers interviewing men in their own homes, audiotaped telephone interviews were used to collect the data. Interviews were conducted between April 2008 and March 2009, were between 60 and 90 minutes in length, and were transcribed within 7 days of the interview.

After piloting and consumer consultation, we developed 4 open-ended sets of questions to prompt discussions about experiences with weight and weight loss, health beliefs and behaviors, and perceptions about healthy lifestyle and weight-loss interventions:

(1) Can you tell me about your experi-
Obese Men’s Experiences

Table 1
General Characteristics of Participants

<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>N=36 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>45.5</td>
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<tr>
<td>Mean</td>
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<td>Range</td>
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<tr>
<td>Married/De Facto</td>
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<td>Overseas born</td>
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<tr>
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<td>13(36.1)</td>
</tr>
<tr>
<td>&gt;100,000</td>
<td>16(44.4)</td>
</tr>
</tbody>
</table>

Table 1
General Characteristics of Participants

enences with your weight?
(2) What do you personally believe has caused your overweight? Has anyone else commented on your weight? What did they say to you? When did you first start to notice your overweight? How did this make you feel?
(3) Have you ever tried to lose weight or improve your health behaviors? Why or why not? What was (were) the outcome(s) of your weight-loss attempts? Or What do you think stops you from trying to lose weight?
(4) What do you think influences your ability to lead a healthy lifestyle? Do you think men have specific issues in leading healthy lifestyles?
These questions were designed to be flexible in nature and stimulate conversation. Other questions were introduced as the conversations progressed.

Data Analysis
As consistent with grounded theory techniques,26,27 we used a constant comparative method of analysis. We repeatedly read the transcripts, coded, identified themes, and identified where there were commonalities and differences between men’s responses. We kept a continuous logbook of notes to build theories of explanation about why we thought there were similarities and differences between the narratives. We regularly referred back to the published literature and to theoretical concepts to help build and test these theories of explanation. We tested the reliability of interpretation by randomly selecting 10 transcripts that were presented to the broader research team to ensure that we reached similar interpretations of the data. Where there were differences, we discussed these interpretations to ensure that there was agreement of interpretation.

Consumer engagement was an important part of this study. Not only were consumers involved in the design of the study, but they were also involved in the interpretation of results and shaping the discussion for this paper. We presented findings through Twitter (a social networking service) and invited thoughts and interpretations from our obese “followers” about these results. We also engaged obese men who had not taken part in the study to help us to understand and interpret the results. We considered consumer responses and then applied them to our interpretive framework.

Data Presentation
Quotes are used throughout this paper to illustrate the research findings. At times we provide the “number” of respondents to show where there are commonalities in responses. Where numbers are not used, we have used the terms a few to refer to less than a quarter of men, some to refer to 25-50% of men, many to refer to 50-75% of men, and most to refer to over 75% of men.

RESULTS
General Characteristics
Forty-seven men inquired about the study, and 36 participated. Nine were excluded because their body mass index was less than 30, and 2 decided not to take part in the interview. General characteristics are presented in Table 1. Participants were aged between 21 and 69 years, with a mean age of 46. Most were married or in a de facto relationship (n=29, 81%) and had a university degree (n=26, 72%). Thirty (83%) reported one or more obesity-related health problems, including high blood pressure (n=12), arthritis and
joint problems (n=11), sleep apnoea (n=6), diabetes (n=5), and cardiovascular problems (n=4).

**Causes of Overweight: Beliefs and Behaviors**
The vast majority of participants attributed their weight gain to their own personal health misbehaviors. At the most basic level, men spoke about inactivity and diet as the key causes of their weight gain. However, men often gave examples of much more complex factors that had led to “eating too much” and “exercising too little.”

Most men thought that physical inactivity was the primary cause of their weight gain (n=25). In particular was the acute decrease in their involvement in physical activity when men started to “settle down” in their late 20s and early 30s (n=22). This often coincided with beginning full-time employment, and starting a family. Men stated that they had been a “normal” weight or “skinny” during childhood and adolescence when they were regularly involved in sports. However, social, emotional, and structural barriers at their workplaces (including long working hours, stress, desk jobs) acted as extreme barriers to physical activity. The following story was typical:

![Table 2: Key Themes](image-url)
Obese Men’s Experiences

I was really active when I went through my teens to my mid- to late 20s. I was around the 80 kilo, 85 kilo mark. And as I took on high level jobs and sedentary jobs, I’ve gradually put on a kilo or 2 a year, and progressively I’ve put weight on each year.  
(Aged 57, BMI 36)

Men also described how they prioritized their time differently as they got older. For example, some stated that full-time employment or study and a family life meant that they had to give up physical activity. One man discussed feeling guilty about taking part in organized sport, when he felt that he should be with his family:

I was very active prior to getting married. I played soccer a lot, tennis and swimming, and then when I got married I basically stopped being active to spend more time with the missus. I felt that it would have been selfish if I went training every single night.  
(Aged 41, BMI 31)

Nineteen men thought that their eating behaviors had directly contributed to their weight gain. Some of them commented that they had a very similar diet to when they were younger, but that their sedentary lifestyles did not now compensate for the amount they ate. Others felt that stress had caused a number of unhealthy eating behaviors, such as regular “snacking” or “binging” when they felt under pressure in their family lives or at work:

When I’m stressed, my release is I eat; that just builds up over time.  
(Aged 51, BMI 33)

The 4 men who had been overweight since childhood believed that a combination of genetic and lifestyle factors contributed to their excessive weight gain:

I guess being predisposed to being the size that I am because of genetics, but also through periods of laxity in terms of watching what I eat or physical activity.  
(Aged 22, BMI 39)

Other factors that caused their weight gain included giving up smoking (n=3), taking antidepressant medication (n=2), and getting older (n=2).

Feeling Guilty, Worried, and Ashamed

About half of men (17, 47%) stated their weight gain had “crept up on them” over many years, and that they had “ignored” their overweight:

There was a really long period where I quite easily ignored my weight. I’m not quite entirely sure how I managed to do it because I know it’s always been there, but it was just the thing where you almost—you see it, but you don’t see it. You block it out. You don’t acknowledge it. And the first time I really sat down and acknowledged my weight and that I had a problem was really, really confronting. I spent the better part of the night in tears about it actually.  
(Aged 33, BMI 37)

Others said that they were aware of their weight gain, but were “in denial” about the impact it was having on their health and well-being:

At the time it was quite funny. I mean, a lot of people were sort of laughing at it, and I was laughing along with them. It’s like “you’ve put on weight, you’re doing really well”; “I can see that marriage really suits you”; “I can see that you’re very content” and all that sort of stuff. I always felt I could lose it at a later date, but I never got around to doing it. It just got harder and harder.  
(Aged 41, BMI 31)

Most men blamed themselves for their weight gain. They described feeling “embarrassed,” “depressed,” “disappointed,” “annoyed,” “frustrated,” and “disgusted.” Some stated that their overweight had dramatically impacted on their self-esteem and feelings of self-worth. One man said that he could no longer be considered a man who cared for his family, and another that he was a “personal failure.” Some fathers (n=8) felt that they were no longer good “role models” for their children and were letting their children down with their “bad habits” and “behaviors”:

Wanting, feeling as though I have some level of responsibility because of my
own habits and my physicality. I feel as though I’m passing on a behavioural issue that is impacting upon [my daughter].

(Aged 42, BMI 36)

Many of these feelings were compounded by a sense of hopelessness that they were unable to change the circumstances that had led to their weight gain.

**Motivation to Change**

The vast majority of men wanted to lose weight. Nineteen men stated that weight loss was essential in order for them to both improve their health and well-being and prevent long-term health risks:

I’m concerned now obviously as I’m into my 50s and I think it will affect my health as I get older.

(Aged 52, BMI 32)

Others (n=10) spoke about life events that had changed their attitude towards their overweight. Examples included the birth of a child or diagnosis of an acute health problem related to their weight, such as type 2 diabetes:

When I was diagnosed with the diabetes I took on board what they talked to me about in terms of what I should eat. I initially lost about 40 kilos and I am still somewhere around nearly 30 kilos lighter. To become a diabetic in some ways was the best thing for me because it got my weight down.

(Aged 46, BMI 47)

Nineteen men stated that there were strong social drivers for wanting to lose weight. These included improving their appearance and attractiveness, gaining respect from work colleagues, feeling less self-conscious, and improving their self-esteem. Men under 30 years old were particularly concerned about their appearance:

I do [want to lose weight] because I’m concerned about, you know, one day I want get married and have kids and I have to do that in order to find a girl.

(Aged 26, BMI 36)

Men also talked about practical reasons for wanting to lose weight. For example, 5 men wanted to lose weight because they were unable to find clothes to fit them:

I can’t find clothes that actually suit me and fit me. I always feel like I’m looking scruffy. In fact probably I am looking scruffy because I really can’t find the types of clothes that I’d like to wear. There’s a limited range for men who are overweight.

(Aged 61, BMI 44)

Others (n=3) referred to the inconvenience and discomfort that their weight caused them in performing day-to-day activities, such as tying their shoelaces, using public transport, and getting in and out of chairs.

**Trying to Lose Weight**

The majority of men (33, 92%) were reluctant to seek the support of family, friends, or health professionals because they felt it would undermine their sense of individual responsibility:

I’m trying to change my lifestyle, but I haven’t gone out and got help. I don’t want it. It is an individual thing.

(Aged 51, BMI 35)

Many men discussed this point in detail. Some felt that it would be disempowering to ask for help. Others said that asking for help or relying on commercial products would make them appear “helpless” and “weak.” A few stated that asking for help would signal to others that they had “failed,” “given up,” or “not tried hard enough”:

I would rather do it myself and have that knowledge that I was able to do it myself and not rely on other things like they do in the Biggest Loser.

(Aged 22, BMI 39)

Instead, most described wanting to take charge and control of their weight. Some described developing their own solutions, including their own diets or exercise plans. Most men approached weight loss with a philosophy of “balancing energy in versus energy out” and felt confident that with enough “willpower,” “self-discipline,” “effort,” and “hard work,” they would be able to lose weight:

I think it’s doable; [it’s] just a matter of
knuckling down. It’s just a matter of making a decision to change the diet, which is not hard to do, and an exercise regime. I just have to put the time aside and [have] the willpower.

(Aged 52, BMI 32)

Men placed physical activity rather than dieting at the core of any weight-loss strategy, speaking in detail about becoming “fit,” “healthy,” and “athletic” rather than “thin”:

Men don’t want to be thin. Our goal is to have low body fat, to be muscular. The ideal body shape for men is quite a muscular one in men’s minds.

(Aged 26, BMI 33)

Furthermore, because so many believed that inactivity had caused their weight gain, they said that it was “logical” that increased activity would lead to weight loss. However, some men – often those who had been overweight all their lives – had painful emotional reactions to physical activity. These included men who had been teased as children about their weight or about their lack of sporting ability. A few (n=8) stated that they were reluctant to engage in activity because they feared that people would make fun of them:

Doing any physical activity, it’s not something to look forward to, it’s putting myself out there to be ridiculed again.

(Aged 55, BMI 61)

Although 22 men (61%) stated that they had tried commercial and fad diets in the past to lose weight, they also said that they would be ashamed to tell their family members and friends that they had “been on a diet.” Some commented that they were too “proud” to admit this to their friends and that admitting that they were dieting would undermine their sense of identity as a man:

I don’t make it obvious to anyone that I’m dieting or looking to lose weight. I mean as much as I am proud of how I look I don’t think I’d be proud to be out on the street advertising that I’m trying to lose weight.

(Aged 27, BMI 33)

Most also said that they recognized that diets were “unsustainable” and “ineffective” and wanted to move away from dieting, towards broader, more permanent, lifestyle changes.

**Barriers to Lifestyle Changes**

Men continually reinforced that they did not want to be seen to be “blaming others” or “making excuses” for their inability to lose weight. They repeatedly emphasized that it was their own “personal choices” that would ultimately determine their success or failure in changing their lifestyles:

[In] today’s society everybody blames something on something else. So the weight isn’t their fault. My view is that we all make our choices. There are circumstances that impact on those choices, but ultimately it’s our choice.

(Aged 42, BMI 40)

Men described 4 key barriers to making lifestyle changes:

1. Lack of support from family members and friends,
2. Lack of time to engage in activities,
3. Affordability of living a healthy lifestyle, and
4. Weight-based stigma.

Men believed that work demands (n=20, 56%) and family commitments (n=11, 31%) were key barriers to engaging in physical activity. Although most men stated they would not turn to friends and family members for help and support with improving their lifestyles, they perceived that the attitudes of family members and friends made it difficult for them to change their behaviors:

To some extent peer pressure and familial pressure [contribute] to my eating habits. I was always renowned in the family as the person who would finish off everything, and I didn’t do much to really fight against that perspective. People [would say], “Oh leave it. [Participant name] will finish that off,” and in typical fashion I would because that was the expectation.

(Aged 33, BMI 37)

They also stated that they would be more motivated to engage in physical activity if it involved family members or friends:
You need groups of people coming together so that it becomes a little bit more social. You’d never go and run around the track 4 times a week, but you might if you knew it was a good time and you’d meet other people who were all doing the same.”
(Aged 66, BMI 34)

Yet men were rarely able to identify ways in which they could involve and engage their family and friends in activity. Rather, they believed that activity and family life were necessarily separate. Those with young families perceived that taking time away from their family and their work to focus on being active was “selfish”:

The realities are when you’re both working and you both get home knackered from work, (a) you don’t feel like it, but (b) you feel guilty walking out and saying, ‘I’m off to the gym for an hour and a half’.
(Aged 42, BMI 36)

Men from lower-income groups felt that a healthy lifestyle was unaffordable. Sixteen men perceived that fresh and healthy food was more expensive than the cost of unhealthy food and that organized fitness activities were expensive (n=6):

It’s much cheaper to be overweight than it is to be healthy in a way... . Exercise equipment and gym memberships are very expensive, and I think manufacturers, particularly of exercise equipment, put their prices up and try to capitalize on people who may be desperate to lose weight and in a desperate bid to lose weight will pay inflated prices for products.
(Aged 41, BMI 40)

Finally stigma repeatedly prevented severely obese men from exercising in public spaces:

Just walking into a gymnasium is hugely embarrassing. You may as well walk in there naked because everyone turns to you and looks at you and you can just about hear them going ‘oh yuk’.
(Aged 55, BMI 61)

One third of men (n=12) emphasized the biggest obstacle in making changes to their health behaviors was themselves. This further reinforced the extent to which men blamed themselves and felt personal responsibility and pressure to change.

**DISCUSSION**

Understanding the perceptions, experiences, and opinions of people who are obese can provide valuable insights about the causes of obesity and how best to respond to individual needs. This type of information can also be important in tailoring prevention and secondary prevention activities that resonate with the experiences of different population subgroups. Qualitative investigations enable us to look for more detailed information within subgroups to help identify where groups may be similar and/or different, and where further work may need to occur to improve understanding of certain subgroups. This study reveals important insights into obese men’s health beliefs, the strategies they employ to counter overweight, and the barriers they face in improving their overall health and well-being.

This study has some limitations. Firstly, the sample size is small. It is also skewed towards more highly educated, white Australian men, who may feel more confident in discussing their experiences. As such, this study cannot be considered to be indicative of, or generalizable to, the experiences of all obese men and, in particular, those from lower socioeconomic or minority groupings. Furthermore, this study looked at themes across the group as a whole. Because of the small sample size we did not rigorously examine differences between men according to their socio-demographic characteristics and geographic locations. The strengths of the study lie in (1) the detailed accounts provided by men as a group about their experiences with their weight and (2) the consumer involvement in the design and interpretation of data, and multidisciplinary approach in analyzing data. Finally, the interviews for this study were conducted by younger females. Whether this had an impact on men’s responses – either positively or negatively – was not explored within this study. One factor that may have lessened the impact of female interviewers may have been that the interviews were con-
ducted by telephone, which provided both interviewers and participants a degree of anonymity. This may have made it easier for participants to talk frankly and openly about their experiences. Future studies may wish to have a discussion with consumers in the planning phases of research about any preferences for the types of individuals who are most appropriate to conduct detailed interviews with different subgroups.

Studies about men’s beliefs and reactions to their weight are contradictory. Some show that men tend to underestimate their weight and the health risks of being overweight, whereas others suggest that most obese men do recognize that they are “too fat.” Our study suggests that although there is some delay in men’s recognition of their overweight, once aware, men may actually overestimate their weight. For example, a substantial number of men enquired about participating in the study, but were under the BMI classification for obesity. At the time of the study there were 2 very high-profile anti-obesity media campaigns (from the Cancer Council of Victoria and the Australian Government’s Better Health Channel) that specifically featured obese men. Consequently, it may be that these campaigns had raised “overweight awareness” in men, leading them to become more concerned about their fatness and overestimate its severity.

Men in this study were highly aware of their obesity, but had many different pathways to this awareness. A few men had been overweight all their lives and were highly conscious of their weight and the reactions to it. However, the vast majority of men stated that they had gradually put on weight over a number of years before recognizing that they were too fat. Men in this study did not think preventatively about their weight. However, given that other studies show that men do not think preventatively about a range of health conditions, this should not be a surprising result. Also consistent with research in other health conditions, men in this study delayed seeking help for their overweight.

Two key theories may explain why men did not think preventatively about their weight and delayed seeking help:

1. Men perceive that being too concerned about their health is unmasculine. Men clearly stated throughout this study that seeking help or admitting that they needed help would be unmanly, a sign that they had failed to look after themselves and take responsibility for themselves and those around them. Men’s perceptions of masculinity also influenced the solutions they sought for their overweight. As in other studies, men preferred to focus on physical activity rather than dieting as a way to lose or maintain weight. Part of this was because men wanted to be engaged in activities that made them feel more masculine – fitter, stronger, and more muscular. They also felt that their identities as men were threatened by the concept of dieting, which was often marketed to and used by women. As the obese individuals who helped us interpret the findings of this study pointed out, this may be because physical activity is more masculine than dieting, which has become markedly “pinkified” (targeted or marketed towards women) through the fad diet industry. This is consistent with other literature, which shows that men find it difficult to discuss their health and health concerns with others, including their doctors. However, it is also important to recognize the role of stigma that cuts across men’s experiences with their weight. Our study found that men wanted support, but the stigma and prejudice associated with being fat hampered their ability to seek help and support and to engage in health-promoting activities such as exercise. Antistigma initiatives in mental illness and HIV/AIDS have become important in encouraging men to seek care and support and may also play a useful role in helping to support obese men.

2. Men prioritize other concerns over their health. In our study, men were preoccupied and dedicated to priorities that they felt were more important and pressing, such as making sure that their families were financially secure, ensuring that they spent enough quality time with their spouse and children, and being successful in their careers. Men’s “go-it-alone” attitudes and self-pride prevented them from thinking more practically about how to combine life priorities with healthy activities. Workplace interventions may be the most natural places to encourage activity – but must also look holistically at the broader contributors within the workplace to overweight (eg,
structural factors, stress, and work-life balance). It is also important to ensure that these initiatives do not unwittingly cause more stigma and sense of embarrassment in those who are already overweight. Family interventions that encourage families to engage in physical-activity-based leisure activities together may also be important (e.g., father and son/daughter sports groups or family-focused interventions based in schools). However, it is important that these strategies be practically focused and help to foster a strong sense of personal achievement in men.

**CONCLUSION**

The main question raised in this paper is how we can better encourage help-seeking and support from a group that want help, but are unwilling and embarrassed to seek it or feel that there are other more important priorities in their lives than being concerned about their weight. Weight-loss strategies and messages did not resonate with men in this study, who saw them as a crutch rather than an adequate long-term solution; and although they saw physical activity as a much more empowering option, they struggled to work out how they would fit this into their daily lives. One way that some of these barriers may be resolved could be to remove some of the self-blame and stigma associated with obesity, making it more acceptable for men to seek appropriate help and support to address their overweight. Although this study provides some first steps forward, further research with obese men from a wider range of socio-demographic backgrounds is essential in developing responses that adequately reflect their distinct needs and experiences.

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**REFERENCES**

Obese Men’s Experiences


28. Thomas S, Hyde J, Karunaratne A, et al. “They all work...when you stick to them”: a qualitative investigation of dieting, weight loss, and physical exercise in obese individu-


